



CATHOLIC SCHOOL ADVISORY COUNCIL (CSAC) Nomination of Parent Candidate

ACCESSIBILITY:

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

SCHOOL: _____

Note:

- A Parent or Guardian whose child attends the school indicated above is eligible to serve on that school's Catholic School Advisory Council (CSAC).
- Please attach a brief autobiography to this form OR if nominating another parent, please attach a brief autobiography of the candidate you have nominated to this form.
- You will be notified when your nomination has been received.

SELF-NOMINATION

I wish to declare my candidacy for an elected position as a parent/guardian representative on the CSAC.

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Email Address: _____

- I am the parent/guardian of the following children who attend this school (name and grade):

- I am an employee of the Waterloo Catholic District School Board. Yes No

Signature of Candidate (handwritten or typed)

Date (yyyy-mm-dd)



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NOMINATION OF ANOTHER PARENT

Name of Nominator: _____

I wish to nominate _____ for an elected position as a parent/guardian representative on the CSAC. The Nominee's information is as follows:

Name of Nominee: _____

Address of Nominee: _____

Phone Information of Nominee: Home #: _____ Cell #: _____ Work #: _____

Email Address of Nominee: _____

- The nominee is the parent/guardian of the following children who attend this school (name and grade):

- The nominee is an employee of the Waterloo Catholic District School Board. Yes No

- I, the Nominator, am the parent/guardian of _____, who is currently registered at this school.

Signature of Nominator (handwritten or typed)

Date (yyyy-mm-dd)

Notice of Collection

Information on this form is collected under the authority of section 2(2) of O.Reg 612/00 under section 170(1)17.1 of the Education Act and pursuant to section 28(2) of the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. Information on this form will be used to manage parent nomination information. Questions about the use of the form and about the collection, use, or disclosure of personal information on the form should be directed to the Privacy Officer at privacy@wcdsb.ca, or 519-580-3297, or 35 Weber St. W., Unit A, Kitchener, ON, N2H 3Z1.

Completed by: Candidate or Nominator
Distribution: Candidate or Nominator → School
Retention: Main Office (1 Year)